Washington State
**Department of Social
& Health Services**

INDIVIDUAL RESPONSIBILITY PLAN (IRP)

WorkFirst Individual Responsibility Plan for

| JAS ID |
| CASE NUMBER |
| CLIENT ID |

I understand:

- I must cooperate with the Division of Child Support while I receive TANF/SFA benefits unless I have a good reason not to cooperate. Successful collection of child support may help me eliminate my need for cash assistance.

- I can get only 60 months of TANF/SFA cash benefits in my lifetime unless I qualify for an extension.

- I have used _____ months of cash benefits.

- I am required to work, look for work, or prepare for work full time for at least 32 hours a week.

- If I cannot attend a scheduled activity, I will call the person at the number listed below.

- I must do the following activities for the amount of time each week specified below:

CE – Comprehensive Evaluation

I will complete a Comprehensive Evaluation to discuss my family's situation, help identify my work skills, to learn about the current labor market, and assess further educational needs. This evaluation will be completed by Department of Social and Health Services, Employment Security WorkSource, Community College staff and other organizations.

The purpose of the Comprehensive Evaluation is to build an Employment Plan. This plan will provide my DSHS WorkFirst Program Specialist/Social Worker with information to develop participation activities for my Individual Responsibility Plan.

I will follow all instructions and complete all required parts of my comprehensive evaluation.

I have arranged for childcare if needed.

I have arranged transportation to my Comprehensive Evaluation.

I have an appointment scheduled with _____ **on** _____ **to review the results of the Comprehensive Evaluation and develop an appropriate Individual Responsibility Plan for me.**

I understand I must have the Comprehensive Evaluation done before my appointment with my WorkFirst Program Specialist/Social Worker.

If I cannot complete the Comprehensive Evaluation on time or make it to my scheduled appointment, I will call my WorkFirst Program Specialist/Social Worker before my appointment and explain why I cannot complete the Comprehensive Evaluation or come in.

I understand that if I do not call in or complete the comprehensive evaluation, I may be sanctioned.

CASE MANAGER'S SIGNATURE	DATE	MY SIGNATURE	DATE

JAS ID	CASE NUMBER	CLIENT ID

CONFIDENTIAL REQUIREMENTS

I may be able to get support services to help me advance at my job, keep my job, accept a job, look for a job, or follow my plan. If I disagree with a decision about support services, I may ask for a case review and/or a hearing. I will ask my WorkFirst Program Specialist/Social Worker if I need support services like:

• Car repair	• Diapers	• License/fees	• Mileage
• Clothing	• Education expenses	• Hair cut	• Tools for work
• Counseling	• Personal hygiene	• Bus passes	• Family planning

I understand that I must do required activities. If I don't, I will get a penalty unless I can prove I had a good reason. This is called being in WorkFirst sanction status. If I am sanctioned, this means:

- My grant will be reduced by 40% or one person's share, whichever is greater.
- I must follow my IRP for four weeks in a row to get out of sanction.
- Once I do what is required for four weeks in a row, my sanction penalty will be lifted starting the first of the month following my four weeks of participation.
- A sanction review panel will review, and may close, my case if I stay in sanction for six months in a row.
  - If my case is closed by a sanction review panel, I will need to reapply and participate for four weeks in a row before I can receive cash.
  - If my case is sanctioned again, a sanction review board will review, and may close, my case if I stay in sanction for three months in a row.

While in sanction, I cannot get support services (such as money for work clothes or transportation) until I start following my IRP.

I understand that, if I refuse to cooperate with the Division of Child Support (DCS) without a good reason, my grant may be reduced. Good reasons include the threat of harm to my children or me. I understand that while I am getting TANF assistance, any child support collected is kept to pay back the state.

When I stop getting TANF/SFA, DCS will collect child support and send it to me unless I ask them to stop. I understand support services, sanctions, and child support.

CASE MANAGER'S SIGNATURE	DATE	MY SIGNATURE	DATE

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